

Address and/or Name Change Form

Notify DPR of an address or name change immediately. DPR relies on its address files for notifying licensees and certificate holders of upcoming license renewal. You can notify DPR of any change by filling out this on-line form, printing then signing it, and sending it to us at: DPR, Pest Management and Licensing Branch, Licensing and Certification Program, P.O. Box 4015, Sacramento, CA 95812-4015.

For a P.O. Box or an R.D. Number, please indicate a physical address or location.

Name: _____
(Last First Middle Initial (or Business Name)

Previous Address: _____
(Number & Street) (City) (State & Zip Code)

New Mailing Address: _____
(Number & Street) (City) (State & Zip Code)

New Physical Address: _____
(Number & Street) (City) (State & Zip Code)

Date New Address in Effect: _____

Signature: _____ Date: _____

Please complete the lower portion when making a change of address and/or name change (Business or Surname). Businesses must submit necessary documentation showing the name change such as a Fictitious Business Name Statement or Corporation papers.

Previous Name: _____

New Name: _____

Please check the license/certificate type(s) for which you need to make an address and/or name change.

☐ Agricultural Pest Control Adviser License # _____

☐ Qualified Applicator License # _____

☐ Qualified Applicator Certificate # _____

☐ Aircraft Pilot Pest Control Certificate AP # _____ JP # _____

☐ Pest Control Dealer Designated Agent Card # _____

☐ Pest Control Business License # _____

☐ Maintenance Gardener Pest Control Business License # _____
Branch License # _____

☐ Pest Control Dealer Business License # _____
Branch License # _____